PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NOV 0 1 2018

I. Name of Lobby	rist(s) Sam Levy, Sara	h Higginbotham		
II. Name of lobby	rist's partnership, firm	or corporation, it	fany:	
Everytown for Gu	n Safety Action Fund			
(Name of partnership, fire	or corporation)		· · · · · · · · · · · · · · · · · · ·
PO Box 4184		New York	NY	10163
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(646) 324-825	<u>o.</u> (917) 410-6932		oyreg@everytown.org
(Telephor	ne)	(F	ax)	
reportable expens	se transactions which	are not attributabl		you may file a separate report for
Everytown for Gu	in Safety Action Fund			
-	(Full Name of Clie	nt as it appears on the	Lobbyist Registration Form)	
<u>OR</u>				
☐ All reportable t unrelated to any pa		yist (including the l	lobbyist's family), or the lo	bbying firm listed below which are
IV. Date of Reports cover:	activity from date of regis	tration to 3/31/18	July 25, 2018 activity from 4/1/18 to	
	October 31, 201 activity from 7/1/18		January 30, 20 activity from 10/1/18 to	
	ed, complete just this f		ole transactions made s the Secretary of State's O	ince the last report. Graph of the last report. Graph
VL Check if addi	tional reports are atta	ched:		
			st file Addendum A- Fees	and Expenses
☐ If you have pa Expense Reimburs		imbursed expenses,	you must file Addendum	B- Report of Honorariums or
M If you, your fi	rm, or your family has	made political conti	ributions, you must file Ad	dendum C- Political Contributions
I have read RSA I	/Affirmation hy Lobh 5, RSA 15-B, RSA 14- c best of my knowledg	Cand RSA 664 and		at the foregoing information is true
		-44	10/31/18	
(Signature of lob	yist)			(Datc)
Sam Levy				
(Print Name of lo	bbyist)			

Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

NOV 0 1 2018

I. Name of Lohhyist(s) Sam Levy, Sarah Higginbotham		NEW HAMPSHIF DEPARTMENT OF S
II. Name of lobbyist's partnership, firm or corporation, if any:		
Everytown for Gun Safety Action Fund		
(Name of partnership, firm or corporation)		
III. Name of Client Everytown for Gun Safety Action Fund	Date _	10 31 15
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The granded by any expenses:	t relations,	or public relations service
a) Total of all fees received in this reporting period	a) \$ _13	804.31
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>47</u> car)	.822.39
e) Total of all fees received to date (Add lines a and b)	e) \$ <u>61</u>	,626.70
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ <u>0</u>	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report is expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and it may be file e aggregate expenses; (b le: meals pi ss than \$10 ed with a va orting periodue of greate er than \$25 , expense r	f expenditures are made by d for the lobbyist(s)/firm total of all expenses paid the aggregate total of all urchased during a busines that is given to the personalue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of but not greater than \$50 eimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$ <u>304</u>	1,31
in a), of \$25 or less.	b) \$	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 13,	500

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and e)	d) \$ <u>13,804.31</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ _47,822.39
f) Total of all expenses year to date	f) \$61,626.70
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Demers, Blaisdell & Prasol Inc.	\$ 13,500,00
	\$
	s
	\$
	\$
	\$

	·
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
1	
Sam Levy (Signature of Tobbyist)	10/31/18 (Date)
	(Date)
(Print Name of Jobbyist)	
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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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am Levy, Sarah Higginboti		DEPARTMENT
artnership, firm or cor	poration, if any:	
Action Fund		
	- -	
	s Fund	101-1-
town for Gun Safety Action	1 runa	Date 10 31 18
oution that is reportable	pursuant to RSA Chap	ter 664 paid on behalf of the
	-	
	David	Wesley
(Last Name)	(First Name)	(Middle Name/Initial)
1,000	Office Candidate i	s Secking State Senate - 4
Grassie	Anne	
Grassie (Last Name)	Anne (First Name)	(Middle Name/Initial)
(Last Name)	(First Name)	
(Last Name)	(First Name) Office Candidate is	Sccking State Senate - 6
(Last Name) 1,000 kind contribution, provide	(First Name) Office Candidate is a description of the good	Secking State Senate - 6 Is or services provided, and enter the
(Last Name) 1,000 kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good	
(Last Name) 1,000 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good we for amount of contributions.	Secking State Senate - 6 Is or services provided, and enter the
	Action Fund artnership, firm or corporation) rtown for Gun Safety Action oution that is reportable ring firm, indicate the fo Watters (Last Name) 1,000	town for Gun Safety Action Fund Dution that is reportable pursuant to RSA Chapting firm, indicate the following: Watters David (Last Name) (First Name) Office Candidate is kind contribution, provide a description of the good putribution on the line above for amount of contribution.

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known
enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
of separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.
10/2/
(Signature of lobbyist) (Date)
(Signature of 1000yist) (Date)
Sam Levy
(Print Name of lobbyist)

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Lobbyists Report of **Political Contributions** Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE PARTMENT OF STATE

I. Name of Lobbyist(s) Sc	am Levy, Sarah Higginbot	ham ————————————————————————————————————		NEW HAMPSH DEPARTMENT OF
II. Name of lobbyist's pa	ırtnership, firm or co:	poration, if any:	_	
Everytown for Gun Safety	Action Fund	• •		
(Name of pa	ortnership, firm or corporation)			 -
III. Name of Client Every	town for Gun Safety Actio	n Fund	Date!	0/31/18
Political Contributions For each political contrib client/lobbyist and lobby			oter 664 paid	on behalf of the
Full name of candidate:	Feltes	Dan		1000
rull hame of candidate.	(Last Name)	(First Name)	(Middle	: Namc/Initial)
Amount of contribution \$ _	1,000	Office Candidate i	a Caaldina - Di	ala Canata - 45
Full name of candidate:	Donovan	Mason		
	(Last Name)	(First Name)		: Name/Initial)
Amount of contribution \$ _	1,000	Office Candidate is	Seeking St	ate Senate - 7
If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	ntribution on the line abo			
Full name of candidate:	Chandley	Shannon		
	(Last Name)	(First Name)	(Middle	Name/Initial)
		,	•	: Name/milal)

(turn over 10 continue \rightarrow)

If the contribution is an in-kind contribution, provide a description	of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount	t of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribution	ns on senamic addendum C forms
	is on separate addendarii C forms, j
Sworn Statement/Affirmation by Lobbyist	
1004.45.004.45.0	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swisters and samples to the heat of any large ded.	ear or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.	
	, al
	10 12/18
(Signature of losbyist)	(Date)
	(Sule)
Sam Levy	
(Print Name of lobbyist)	

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

.Name of Lobbyist(s) _S			
	partnership, firm or cor		
		poration, it any:	
Everytown for Gun Safety	Action Fund partnership, firm or corporation)		
		<u></u>	
III. Name of Client Ever	ytown for Gun Safety Action	n Fund	Date 10/31/18
			oter 664 paid on behalf of the
Full name of candidate:	Kahn	Jay	
· ····································	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$;	- 1,000	Office Candidate i	s Seeking State Senate - 10
actual cost of the in-kind c		ve for amount of contribu	ds or services provided, and enter to the actual cost is not known the actual cost is not known to the actual cost is not actual cost in
actual cost of the in-kind c enter an estimated value ar	nd the word "estimate."		
	nd the word "estimate." . Morgan	Jon	ution. If the actual cost is not know
actual cost of the in-kind center an estimated value ar	Morgan (Last Name)	Jon (First Name)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-	Morgan (Last Name) 1,000 -kind contribution, provide contribution on the line abo	Jon (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Sceking State Senate - 23 ds or services provided, and enter the services provided.
Ful! name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind c	Morgan (Last Name) 1,000 -kind contribution, provide contribution on the line abo	Jon (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Sceking State Senate - 23 ds or services provided, and enter the services provided.
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value ar	Morgan (Last Name) 1,000 kind contribution, provide contribution on the line abound the word "estimate."	Jon (First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Ful! name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind c	Morgan (Last Name) 1,000 kind contribution, provide contribution on the line abound the word "estimate."	Jon (First Name) Office Candidate is a description of the good we for amount of contributions.	(Middle Name/tnitial) Sceking State Senate - 23 ds or services provided, and enter t

(turn over to continue \rightarrow)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the services provided and enter the service
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."
ester an estimated variety and the word estimate.
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.
10/31/18
(Signature of lobbyist) (Date)
Sam Levy
(Print Name of lobbyist)

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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Everytown for Gun Safety			
	partnership, firm or corporation)		
III. Name of Client Ever	ytown for Gun Safety Action	n Fund	Date 10/31/18
	-		oter 664 paid on behalf of the
Full name of candidate:	Hennessey	Martha	s .
an name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Candidate i	s Seeking State Senate - 5
<u> </u>			
	Dialicandus		
Full name of candidate:		Lou (First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial) s Sccking State Senate - 20
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c	(Last Name) 1,000 -kind contribution, provide contribution on the line abo	(First Name) Office Candidate is a description of the good	
Amount of contribution \$	(Last Name) 1,000 -kind contribution, provide contribution on the line abound the word "estimate." Clark	(First Name) Office Candidate is a description of the good ve for amount of contrib Martha	s Seeking State Senate - 20 ds or services provided, and enter ution. If the actual cost is not kno
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind conter an estimated value and the conternation of the in-kind conternation of the conternation of the conternation of the content of	(Last Name) 1,000 -kind contribution, provide contribution on the line abound the word "estimate."	(First Name) Office Candidate is a description of the good we for amount of contrib	s Secking State Senate - 20 ds or services provided, and enter ution. If the actual cost is not known.

enter an estimated value and the word "estimate."	
•	
(If more than three contributions were made, report additional	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and h is true and complete to the best of my knowledge at	nereby swear or affirm that the foregoing information and belief.
	10/31/18
(Signature of lobbyist)	(Date)
Sam Levy	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NOV 0 1 2018

I. Name of Lobbyist(s) _S	am Levy, Sarah Higginbott	ham	DEPARTMENT
II. Name of lobbyist's p	artnership, firm or cor	poration, if any:	
Everytown for Gun Safety	Action Fund		
	partnership, firm or corporation)		
III. Name of Client Every	town for Gun Safety Action	1 Fund	Date 10/31/18
			oter 664 paid on behalf of the
Full name of candidate:	Soucy	Donna	
an name of cangidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Candidate :	s Seeking State Senate - 18
Full name of candidate:	Alford-Teaster	Jennifer	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Candidate is	s Seeking State Senate - 8
	ontribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known
2.11	Sherman	Tom	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Condidate is	Seeking State Senate - 24

If the contribution is an in-kind contribution, provide a	description of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above	e for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and It is true and complete to the best of my knowledge at	hereby swear or affirm that the foregoing information and belief.
1	
	10/31/18
(Signature of (obbyist)	(Date)
Sam Levy	· · · ·
(Print Name of lobbyist)	_
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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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I. Name of Lobbyist(s)	Sam Levy, Sarah Higginbot	ham	DEPARTMENT
II. Name of lobbyist's [partnership, firm or cor	poration, if any:	
Everytown for Gun Safet	Action Fund		
	partnership, firm or corporation)		
III. Name of Client Ever	ytown for Gun Safety Action	1 Fund	Date 103118
			oter 664 paid on behalf of the
Full name of candidate:		William	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Candidate i	s Secking State Senate · 2
	Committee to Elect House	e Democrats	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$,	Office Candidate is	
If the contribution is an in	kind contribution, provide contribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	New Hampshire Senate	Democratic Caucus	
Full name of candidate:	New Hampshire Senate (Last Name)	Democratic Caucus (First Name)	(Middle Name/Initial)

Uf many than their many than	
(If more than three contributions were made, report addition	nal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	d hereby swear or affirm that the foregoing information and belief.
	10/31/18
(Signature of lobbyist)	(Date)

NOV 0 1 2018

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

NOV 0 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Client (le		or the partnership, firm, or	afety Action Fund
particular client): E	erytown for Gun Safety Action	on Fund	
Date of Report (ch	eck one):		
April 25, 2018 □	July 25, 2018 □	October 31, 2018	January 30, 2019 □
I have read RSA I the following Add- submitted):	5, RSA 15-B, RSA 664, the endums submitted with the	ne Statement of Income an at Statement (insert the nu	d Expenses described above, and imber of Addendum forms being
Addendum	A(s).		
Addendum	B(s).		
_1 Addendum	C(s).		
	ffirm that the foregoing into		t and each Addendum is true and
(Signature of lobby	ist	. 1.0	(Date)
Sam Levy			
(Print Name of lobb	ovist)		•

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

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NOV 0 1 2018

Name of Lobbying partnership, firm, or corporation: Everytown for Gun Safety Action Fund
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Everytown for Gun Safety Action Fund
Date of Report (check one):
April 25, 2018 ☐ July 25, 2018 ☐ October 31, 2018 ☑ January 30, 2019 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum B(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) [Date]
Sarah Higginbotham
(Print Name of lobbyist)